ASSESSMENT OF OVERALL DATA QUALITY AND COMPLETENESS ALABAMA 1999 TABLES

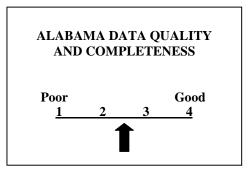
Nine tables for each State show the use of mental health and other services by Medicaid beneficiaries with mental health diagnoses in 1999. Enrollment and claims data from the Medicaid Analytic eXtract (MAX) files from the Centers for Medicare & Medicaid Services (CMS) are the source for these analyses. Because Medicaid programs differ across the States, and because administrative data vary in completeness and quality, caveats about the State's data should be considered in interpreting the information contained in these tables.

Alabama Data Comments

Diagnosis Codes: Diagnosis coding on claims was relatively complete.

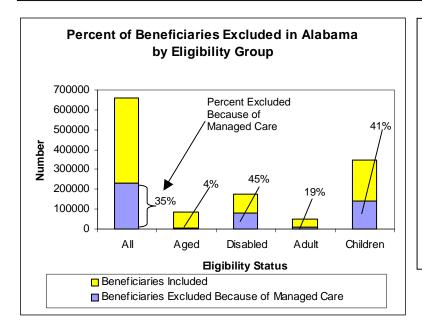
Enrollment: Enrollment was not consistently reported across months within each quarter. Since we excluded services provided during months where no enrollment was reported, these tables may understate utilization and expenditures.

Inpatient Days: Alabama's inpatient crossover claims rarely included covered days. This causes inpatient hospital stays for groups of Medicaid beneficiaries that include a high proportion of dual eligibles (most aged and many disabled beneficiaries) to average "0" days in length, and explains the other low numbers that appear for some groups on Table 4.



*The measure shown above reflects both managed care exclusions and other data issues noted to the left.

IMPACT OF MANAGED CARE EXCLUSIONS



Individuals who are enrolled in comprehensive or behavioral capitated programs for all months enrolled are *excluded* from Tables 2 - 9 in the attached set of tables; those enrolled in fee-for-service Medicaid for at least one month are *included* in Tables 2 - 9. The effects of these exclusions vary by state, and, within state, by eligibility group. Alabama's managed care exclusions are shown in the graph on the left.

TABLE 1 MEDICAID BENEFICIARIES AND EXPENDITURES TOTAL AND FEE-FOR-SERVICE (FFS) ALABAMA, CALENDAR YEAR 1999

		Benefi	ciaries			Expen	ditures	
Population Characteristics	Total Number	Percent of Total Beneficiaries	Number in Fee- for-Service (FFS) One or More Months	Percent in FFS One or More Months	Total Expenditures	Percent of Total Expenditures	Total for FFS	Percent for FFS
All	657,495	100%	424,562	65%	\$1,604,353,765	100%	\$1,052,822,658	66%
Age								
0-3	118,937	18%	75,116	63%	\$80,850,507	5%	\$18,599,626	23%
4-5	44,739	7%	23,276	52%	\$21,470,092	1%	\$1,645,556	8%
6-12	126,791	19%	60,810	48%	\$81,678,715	5%	\$6,367,436	8%
13-18	73,603	11%	41,967	57%	\$78,367,177	5%	\$23,911,320	31%
19-21	25,996	4%	20,044	77%	\$42,818,220	3%	\$26,243,739	61%
22-44	97,571	15%	65,044	67%	\$258,027,151	16%	\$130,688,182	51%
45-64	64,327	10%	39,993	62%	\$267,690,303	17%	\$142,956,159	53%
65 and older	105,531	16%	98,312	93%	\$773,451,600	48%	\$702,410,640	
Gender	,		,				. , ,	
Female	389,225	59%	264,103	68%	\$1,097,099,748	68%	\$779,237,779	71%
Male	262,301	40%	155,720	59%	\$503,835,671	31%	\$272,225,870	54%
Race								
White	289,067	44%	196,661	68%	\$966,380,893	60%	\$687,536,315	71%
Black	333,811	51%	204,857	61%	\$558,612,940	35%	\$324,726,793	58%
Hispanic	7,054	1%	4,546	64%	\$4,439,630	0%	\$1,536,978	35%
American Indian/Alaskan								
Native	1,389	0%	931	67%	\$1,739,078	0%	\$799,082	46%
Asian/Pacific Islander	2,767	0%	2,036	74%	\$3,041,952	0%	\$1,797,223	59%
Other/Unknown	23,407	4%	15,531	66%	\$70,139,272	4%	\$36,426,267	52%
Dual Status								
Aged Duals with Full								
Medicaid	70,405	11%	65,009	92%	\$722,034,461	45%	\$660,935,418	92%
Disabled Duals with Full								
Medicaid	35,897	5%	33,926	95%	\$218,027,522	14%	\$199,945,359	92%
Duals with Limited								
Medicaid	45,970	7%	45,507	99%	\$45,831,706	3%	\$44,362,789	97%
Other Duals	335	0%	262	78%	\$628,595	0%	\$250,402	40%
Disabled Non-Duals	104,577	16%	30,328	29%	\$327,069,495	20%	\$33,676,838	10%
All Other Non-Duals	400,311	61%	249,530	62%	\$290,761,986	18%	\$113,651,852	39%
Eligibility Group	,							
Aged	83,322	13%	80,150	96%	\$614,410,942	38%	\$576,449,429	94%
Disabled	175,676		96,388	55%	\$708,788,823	44%	\$369,879,264	52%
Adults	52,516	8%	42,702	81%	\$70,802,486	4%	\$47,078,399	66%
Children	345,981	53%	205,322	59%	\$210,351,514	13%	\$59,415,566	28%

Notes: Months are defined as fee-for-service (FFS) if they are months when an individual is enrolled in Medicaid but not in a Medicaid capitated comprehensive managed care or behavioral managed care plan. For subsequent tables, only FFS months are included.

Beneficiaries are all individuals enrolled in Medicaid, including children in Medicaid-SCHIP, for at least one month in the calendar year.

Expenditures are claims-based Medicaid payments, including both federal and state share.

Expenditures for FFS months are defined as expenditures for services during FFS months minus expenditures for capitation premium payments.

Eligibility Groups are mutually exclusive. All individuals age 65 or over are in the Aged group; all remaining individuals who are in Medicaid due to disability are in the Disabled group; remaining individuals are classified as Adults or Children according to whether they are classified as Adults or Children in state enrollment files.

TABLE 2 MEDICAID FFS MENTAL HEALTH BENEFICIARIES AND EXPENDITURES COMPARED TO TOTAL FFS BENEFICIARIES AND EXPENDITURES ALABAMA, CALENDAR YEAR 1999

	Total Number of Beneficiaries	FFS Mental Hea	alth Population	Total Expenditures	FFS Expenditur Health Pop	
	in FFS Population	Number of Beneficiaries	Percent of Total FFS Beneficiaries	for FFS Population	Total Amount	Percent of Total FFS Expenditures
All	424,562	27,043	6%	\$1,052,822,658	\$196,438,072	19%
Age						
0-3	75,116	300	0%	\$18,599,626	\$146,256	1%
4-5	23,276	660	3%	\$1,645,556	\$166,709	10%
6-12	60,810	4,608	8%	\$6,367,436	\$2,229,868	35%
13-18	41,967	2,888	7%	\$23,911,320	\$3,879,688	16%
19-21	20,044	463	2%	\$26,243,739	\$863,551	3%
22-44	65,044	6,923	11%	\$130,688,182	\$24,027,445	18%
45-64	39,993	5,020	13%	\$142,956,159	\$32,421,199	23%
65 and Older	98,312	6,181	6%	\$702,410,640	\$132,703,356	19%
Gender	·	·				
Female	264,103	15,563	6%	\$779,237,779	\$135,564,550	17%
Male	155,720	11,476	7%	\$272,225,870	\$60,869,009	22%
Race						
White	196,661	15,376	8%	\$687,536,315	\$136,466,802	20%
Black	204,857	10,185	5%	\$324,726,793	\$52,927,463	16%
Hispanic	4,546	51	1%	\$1,536,978	\$97,281	6%
American Indian/Alaskan						
Native	931	54	6%	\$799,082	\$91,894	12%
Asian/Pacific Islander	2,036	54	3%	\$1,797,223	\$166,356	9%
Other/Unknown	15,531	1,323	9%	\$36,426,267	\$6,688,276	18%
Dual Status						
Aged Duals with Full						
Medicaid	65,009	5,457	8%	\$660,935,418	\$125,924,525	19%
Disabled Duals with Full						
Medicaid	33,926	6,781	20%	\$199,945,359	\$49,609,916	25%
Duals with Limited						
Medicaid	45,507	1,666	4%	\$44,362,789	\$7,088,632	16%
Other Duals	262	37	14%	\$250,402	\$31,832	13%
Disabled Non-Duals	30,328	4,447	15%	\$33,676,838	\$6,822,186	20%
All Other Non-Duals	249,530	8,655	3%	\$113,651,852	\$6,960,981	6%
Eligibility Group						
Aged	80,150	4,478	6%	\$576,449,429	\$106,393,170	18%
Disabled	96,388	13,934	14%	\$369,879,264	\$84,461,692	23%
Adults	42,702	1,359	3%	\$47,078,399	\$677,369	1%
Children	205,322	7,272	4%	\$59,415,566	\$4,905,841	8%

Note: The FFS mental health population includes all FFS beneficiaries who had one or more of the mental health diagnoses shown in Table 3 as a primary diagnosis on at least one Medicaid claim during 1999, or who received a clearly identifiable mental health service during the year (inpatient psychiatric service for age 65+ or under age 22, or nursing facility mental health service for age 65+).

Expenditures are claims-based Medicaid payments, including both federal and state share.

Expenditures for FFS months are defined as expenditures for services during FFS months minus expenditures for capitation premium payments.

Eligibility Groups are mutually exclusive. All individuals age 65 or over are in the Aged group; all remaining individuals who are in Medicaid due to disability are in the Disabled group; remaining individuals are classified as Adults or Children according to whether they are classified as Adults or Children in state enrollment files.

TABLE 3 MEDICAID FFS MENTAL HEALTH POPULATION BY DIAGNOSTIC CATEGORY AND AGE GROUP ALABAMA, CALENDAR YEAR 1999

		FFS Mental Health Population							
	All Ag	es	21 and L	21 and Under		64	65 and Older		
Diagnostic Category	Number	Percent	Number	Percent	Number	Percent	Number	Percent	
Schizophrenia	4,579	17%	84	1%	3,443	29%	1,052	17%	
Major depression and affective psychoses	5,463	20%	586	7%	3,579	30%	1,298	21%	
Other psychoses	1,879	7%	110	1%	838	7%	931	15%	
Childhood psychoses	111	0%	84	1%	23	0%	4	0%	
Neurotic & other depressive disorders	4,885	18%	805	9%	2,676	22%	1,404	23%	
Personality disorders	139	1%	16	0%	85	1%	38	1%	
Other mental disorders	1,118	4%	62	1%	226	2%	830	13%	
Special symptoms or syndromes	831	3%	322	4%	375	3%	134	2%	
Stress & adjustment reactions	2,098	8%	1,272	14%	512	4%	314	5%	
Conduct disorders	1,032	4%	862	10%	144	1%	26	0%	
Emotional disturbances	759	3%	727	8%	18	0%	14	0%	
Hyperkinetic syndrome	4,015	15%	3,988	45%	24	0%	3	0%	
No Diagnosis	134	1%	1	0%	0	0%	133	2%	
Total	27,043	100%	8,919	100%	11,943	100%	6,181	100%	

Notes: The FFS mental health population includes all FFS beneficiaries who had one or more of the mental health diagnoses shown in this table as a primary diagnosis on at least one Medicaid claim during 1999, or who received a clearly identifiable mental health service during the year (inpatient psychiatric service for age 65+ or under age 22, or nursing facility mental health service for age 65+).

The diagnostic category for each user is the one that occurred most frequently among primary diagnoses on claims during the year.

Schizophrenia (ICD-9 CM diagnosis codes beginning with 295) includes both chronic and acute schizophrenic disorders.

Major depression and affective psychoses (ICD-9 CM diagnosis codes beginning with 296) includes manic, depressive, and bipolar disorders.

Other psychoses (ICD-9 CM diagnosis codes beginning with 297 or 298) includes paranoid states, delusional disorders, depressive psychosis, and reactive psychoses.

Childhood psychoses (ICD-9 CM diagnosis codes beginning with 299) includes infantile autism, disintegrative disorders, and childhood type schizophrenia.

Neurotic & other depressive disorders (ICD-9 CM diagnosis codes beginning with 300 or 311) includes anxiety states; phobic, obsessive compulsive, and other neurotic disorders; and unspecified depressive disorders.

Personality disorders (ICD-9 CM diagnosis codes beginning with 301) includes affective, schizoid, explosive, histrionic, antisocial, dependent, and other personality disorders.

Other mental disorders (ICD-9 CM diagnosis codes beginning with 302, 306, or 310) includes sexual deviations, physiological malfunction arising from mental factors, and nonpsychotic mental disorders due to organic brain damage.

Special symptoms or syndromes (ICD-9 CM diagnosis codes beginning with 307) includes eating disorders, tics and repetitive movement disorders, sleep disorders, and enuresis.

Stress & adjustment reactions (ICD-9 CM diagnosis codes beginning with 308 or 309) includes acute reaction to stress; depressive reaction, and separation disorders, and conduct disturbance.

Conduct disorders (ICD-9 CM diagnosis codes beginning with 312) includes aggressive outbursts, truancy, delinquency, kleptomania, impulse control disorder, and other conduct disorders.

Emotional disturbances (ICD-9 CM diagnosis codes beginning with 313) includes overanxious disorder, shyness, relationship problems and other mixed emotional disturbances of childhood or adolescence such as oppositional disorder.

Hyperkinetic syndrome (ICD-9 CM diagnosis codes beginning with 314) includes attention deficit with and without hyperactivity and hyperkinesis with or without developmental delay.

TABLE 4 PSYCHIATRIC AND GENERAL INPATIENT HOSPITAL USE AND AVERAGE ANNUAL HOSPITAL DAYS PER USER FOR MEDICAID FFS MENTAL HEALTH POPULATION, BY SEX AND AGE GROUP ALABAMA, CALENDAR YEAR 1999

		Psychiatri	c Hospital	General Hos	Inpatient pital	Tota	I Inpatient Hos	spital	General Inpatient Hospital Use MH Population for Non-Mental Diagnoses		
		. 	•	Mental Healt	h Treatment	Ment	al Health Trea	ment			
Sex	Age Group	Number of Users	Average Annual Days Per User	Number of Users	Average Annual Days Per User	Number of Users	Percent of Total FFS Mental Health Beneficiaries	Average Annual Days Per User	Number of Users	Percent of Total FFS Mental Health Beneficiaries	Average Annual Days Per User
Female	0-3	0	0	0	0	0	0%	0	3	3%	10
	4-5	1	10	1	14	2	1%	12	1	0%	6
	6-12	5	14	5	11	10	1%	12	7	1%	5
	13-18	30	21	44	8	73	6%	13	90	7%	3
	19-21	1	8	17	4	18	6%	4	49	17%	4
	22-44	0	0	249	1	249	6%	1	534	13%	1
	45-64	0	0	205	1	205	6%	1	623	18%	1
	65+	354	211	175	0	519	11%	144	1,328	28%	0
	All Ages	391	193	696	2	1,076	7%	71	2,635		1
Male	0-3	0	0	0	0	0	0%	0	7	4%	15
	4-5	0	0	2	29	2	0%	29	3		2
	6-12	14	21	8	8	22	1%	16	15		6
	13-18	33	18		7	65	4%	13	34		5
	19-21	0	0	-	9	15	8%	9	11	6%	8
	22-44	0	0		1	277	10%	1	290		1
	45-64	0	0		0	114	7%	0	288		1
	65+	234	200	57	0	286	21%	163	423		0
	All Ages	281	169	508	2	781	7%	62	1,071	9%	1
Total	0-3	0	0	-	0	0	0%	0	11	4%	14
	4-5	1	10		24	4	1%	20	4	.,,	3
	6-12	19	19		9	32	1%	15	22		6
	13-18	63	19	-	7	138	5%	13	124		4
	19-21	1	8		7	33	7%	7	60		4
	22-44	0	0		1	526	8%	1	824		1
	45-64	0	0		1	319		1	911	18%	1
	65+	588	207	232	0	805	13%	151	1,751	28%	0
	All Ages	672	183	1,204	2	1,857	7%	67	3,707	14%	1

Notes: All beneficiaries in this table had a mental health diagnosis as the primary diagnosis on a FFS Medicaid claim during 1999, or received a clearly identifiable mental health service (inpatient psychiatric service for age 65+ or under age 22, or nursing facility mental health service for age 65+).

Those who received inpatient hospital services for which the primary diagnosis on the hospital claim was a mental health diagnosis are shown in the "General Inpatient Hospital – Mental Health Treatment" column. Those who received inpatient hospital services for which the primary diagnosis on the claim was not a mental health diagnosis are shown in the "General Inpatient Hospital Use by FFS MH Population for Non-Mental Health Diagnoses" column.

When a dually eligible beneficiary's inpatient stay is primarily covered by Medicare, Medicaid often pays a deductible. Some states interpret their payment of the deductible as Medicaid coverage for one day of the stay. Other states interpret "Medicaid covered days" as including only days covered in full by Medicaid, and thus report zero covered days on a crossover stay. Another group of states reports the number of days covered by Medicare as covered days. Finally, many states do not retain any details about lengths of stay on crossover claims. For any one or combination of these reasons, average lengths of stay for beneficiaries who are dually eligible (most aged and some adults) are inaccurately reduced because of the presence of individual claims with "1" or "0" covered days. In some circumstances this even causes inpatient hospital stays to average "0" days in length, and it explains more generally the low numbers that appear for some groups on Table 4

Individuals may appear in more than one column on this table.

TABLE 5 EMERGENCY ROOM USE FOR MEDICAID FFS MENTAL HEALTH AND NON-MENTAL HEALTH BENEFICIARIES, BY SEX AND AGE GROUP ALABAMA, CALENDAR YEAR 1999

		Mental H	lealth Beneficia	ries With Any	Non- Mental Health Beneficiaries With					
Sex	Age Group		Average Number of Emergency Room Visits for Users of Any ER Visits Percent of				Any Emergency Room Use			
Sex	Age Group	Number	Total FFS Mental Health Beneficiaries	For Mental Health Treatment	For Non- Mental Health Treatment	All ER Visits	Number	Percent of Total FFS Non-Mental Health Beneficiaries	Number of Emergency Room Visits for Users of Any ER Visits	
Female	0-3	12		0.25	1.08		2,568	8%	-	
	4-5	19	9%	0.00	1.26	1.26	435	4%	1.20	
	6-12	63	5%	0.10	1.08	1.17	863	3%	1.17	
	13-18	320	26%	0.20	1.78	1.98	3,135	14%	1.58	
	19-21	98	34%	0.33	1.85	2.17	2,862	17%	1.50	
	22-44	1,279	31%	0.20	2.06	2.26	6,420	14%	1.58	
	45-64	1,088	32%	0.17	2.04	2.22	4,030	20%	1.80	
	65+	1,445	30%	0.14	1.87	2.01	12,318	18%	1.65	
	All Ages	4,324	28%	0.17	1.94	2.12	32,631	13%	1.59	
Male	0-3	24	13%	0.00	1.25	1.25	2,869	8%	1.32	
	4-5	28	6%	0.00	1.04	1.04	509	4%	1.20	
	6-12	142	4%	0.05	1.13	1.18	1,008	4%	1.15	
	13-18	264	16%	0.12	1.49	1.61	1,673	10%	1.40	
	19-21	32	18%	0.34	1.19	1.53	297	11%	1.51	
	22-44	863	30%	0.29	2.00	2.29	2,597	20%	1.92	
	45-64	514	32%	0.22	2.04	2.26	2,648	18%	1.88	
	65+	417	30%	0.12	1.94	2.07	3,640	17%	1.76	
	All Ages	2,284	20%	0.20	1.86	2.06	15,241	11%	1.62	
Total	0-3	36	12%	0.08	1.19	1.28	5,707	8%	1.31	
	4-5	47	7%	0.00	1.13	1.13	944	4%	1.20	
	6-12	205	4%	0.06	1.11	1.18	1,872	3%	1.16	
	13-18	584	20%	0.16	1.65	1.81	4,809	12%	1.52	
	19-21	130	28%	0.33	1.68	2.02	3,159	16%	1.50	
	22-44	2,142	31%	0.24	2.04	2.27	9,017	16%	1.68	
	45-64	1,602	32%	0.19	2.04	2.23	6,678	19%	1.83	
	65+	1,862		0.13	1.89	2.02	15,958	17%	1.68	
	All Ages	6,608	24%	0.18	1.91	2.10	48,144	12%	1.60	

Notes: An emergency room visit is classified as "for mental health treatment" if one of the mental health diagnoses in Table 3 is shown as the primary diagnosis on the emergency room claim. If any other diagnosis is shown as the primary diagnosis on the claim, the emergency room visit is classified as being for non-mental health treatment. Visits are defined by unique dates of service.

FFS mental health beneficiaries include all FFS beneficiaries who had one or more of the mental health diagnoses shown in Table 3 as a primary diagnosis on at least one Medicaid claim during 1999, or who received a clearly identifiable mental health service during the year (inpatient psychiatric service for age 65+ or under age 22, or nursing facility mental health service for age 65+).

TABLE 6 PRESCRIPTION PYSCHOTROPIC DRUG USE FOR MEDICAID FFS MENTAL HEALTH AND NON-MENTAL HEALTH BENEFICIARIES, BY AGE GROUP ALABAMA, CALENDAR YEAR 1999

		eficiaries with opic Drug Use	Beneficiari	tal Health es with Any ic Drug Use	FFS <i>Non-Mental Health</i> Beneficiaries with Any Psychotropic Drug Use		
Age Group	Number	Percent of Total FFS Beneficiaries	Number	Percent of Total FFS MH Beneficiaries	Number	Percent of Total FFS Non-MH Beneficiaries	
0-3	2,736	4%	66	22%	2,670	4%	
4-5	1,100	5%	326	49%	774	3%	
6-12	5,688	9%	3,197	69%	2,491	4%	
13-18	3,242	8%	1,535	53%	1,707	4%	
19-21	1,244	6%	276	60%	968	5%	
22-44	14,037	22%	5,423	78%	8,614	15%	
45-64	14,046	35%	3,953	79%	10,093	29%	
65+	31,923	32%	4,675	76%	27,248	30%	
All Ages	74,016	17%	19,451	72%	54,565	14%	

Notes: FFS mental health beneficiaries include all FFS beneficiaries who had one or more of the mental health diagnoses shown in Table 3 as a primary diagnosis on at least one Medicaid claim during 1999, or who received a clearly identifiable mental health service during 1999 (inpatient psychiatric service for age 65+ or under age 22, or nursing facility mental health service for age 65+).

Psychotropic drugs are defined as drugs in any of the categories shown on Table 7, as grouped by Multum prescription drug grouping software.

Non-mental health beneficiaries who are dual eligibles may have received mental health treatment under Medicare that is not seen in Medicaid coinsurance claims.

TABLE 7

PERCENT OF MEDICAID FFS MENTAL HEALTH BENEFICIARIES AGE 21 AND UNDER WHO USED PRESCRIPTION PSYCHOTROPIC DRUGS, BY DIAGNOSTIC CATEGORY AND DRUG TYPE ALABAMA, CALENDAR YEAR 1999

				Type of Psycl	hotropic Drug			
Diagnostic Category	Number of FFS MH Beneficiaries by Diagnostic Category	sants	Antipsycho- tics	Anti-Anxiety Agents	Mood Stabilizing Agents	Stimulants	More than One Psychotro- pic Drug Type	No Psychotro- pic Drug Use
Schizophrenia	84	40%	83%	24%	4%	0%	49%	5%
Major depression and affective psychoses	586	66%	28%	19%	5%	17%	41%	16%
Other psychoses	110	33%	64%	16%	1%	9%	36%	20%
Childhood psychoses	84	18%	39%	12%	1%	25%	25%	33%
Neurotic & other depressive disorders	805	43%	10%	15%	1%	11%	21%	30%
Personality disorders	16	13%	6%	0%	0%	13%	6%	44%
Other mental disorders	62	13%	3%	8%	0%	8%	6%	60%
Special symptoms or syndromes	322	15%	6%	8%	0%	6%	7%	60%
Stress & adjustment reactions	1,272	20%	6%	9%	0%	13%	11%	44%
Conduct disorders	862	19%	10%	8%	1%	18%	15%	34%
Emotional disturbances	727	19%	8%	5%	0%	20%	12%	37%
Hyperkinetic syndrome	3,988	17%	7%	7%	0%	76%	20%	11%
No Diagnosis	1	0%	0%	0%	0%	0%	0%	0%
Total	8,919	23%	10%	9%	1%	42%	19%	39%

Notes: The percentages shown do not add to 100 percent because service users with a specific diagnosis may use more than one type of drug. Psychotropic drugs are defined and grouped according to Multum prescription drug grouping software.

The diagnostic category for each user was the beneficiary's most frequent diagnosis category in the year.

FFS mental health beneficiaries include all FFS beneficiaries who had one or more of the mental health diagnoses shown in this table as a primary diagnosis on at least one Medicaid claim during 1999, or who received a clearly identifiable mental health service during the year (inpatient psychiatric service for age 65+ or under age 22, or nursing facility mental health service for age 65+).

TABLE 8 PERCENT OF MEDICAID FFS MENTAL HEALTH BENEFICIARIES AGE 22 TO 64 WHO USED PRESCRIPTION PSYCHOTROPIC DRUGS, BY DIAGNOSTIC CATEGORY AND DRUG TYPE ALABAMA, CALENDAR YEAR 1999

		Type of Psychotropic Drug						
Diagnostic Category	Number of FFS MH Beneficiaries by Diagnostic Category	sants	Antipsycho- tics	Anti-Anxiety Agents	Mood Stabilizing Agents	Stimulants	More than One Psychotro- pic Drug Type	No Psychotro- pic Drug Use
Schizophrenia	3,443	37%	82%	35%	8%	0%	53%	3%
Major depression and affective psychoses	3,579	68%	39%	50%	10%	2%	60%	7%
Other psychoses	838	43%	69%	40%	2%	1%	54%	7%
Childhood psychoses	23	22%	70%	30%	9%	0%	43%	17%
Neurotic & other depressive disorders	2,676	63%	18%	50%	1%	1%	45%	11%
Personality disorders	85	45%	42%	49%	9%	1%	49%	12%
Other mental disorders	226	42%	34%	32%	2%	0%	35%	25%
Special symptoms or syndromes	375	46%	13%	40%	1%	0%	31%	29%
Stress & adjustment reactions	512	54%	21%	39%	2%	0%	40%	19%
Conduct disorders	144	35%	58%	44%	1%	1%	48%	12%
Emotional disturbances	18	22%	56%	17%	6%	0%	28%	22%
Hyperkinetic syndrome	24	17%	33%	29%	4%	25%	38%	13%
No Diagnosis	0	0%	0%	0%	0%	0%	0%	0%
Total	11,943	53%	47%	44%	6%	1%	52%	21%

Notes: The percentages shown do not add to 100 percent because service users with a specific diagnosis may use more than one type of drug. Psychotropic drugs are defined and grouped according to Multum prescription drug grouping software.

The diagnostic category for each user was the beneficiary's most frequent diagnosis category in the year.

FFS mental health beneficiaries include all FFS beneficiaries who had one or more of the mental health diagnoses shown in this table as a primary diagnosis on at least one Medicaid claim during 1999, or who received a clearly identifiable mental health service during the year (inpatient psychiatric service for age 65+ or under age 22, or nursing facility mental health service for age 65+).

TABLE 9 PERCENT OF MEDICAID FFS MENTAL HEALTH BENEFICIARIES AGE 65 AND OLDER WHO USED PRESCRIPTION PSYCHOTROPIC DRUGS, BY DIAGNOSTIC CATEGORY AND DRUG TYPE ALABAMA, CALENDAR YEAR 1999

Diagnostic Category	Number of FFS MH Beneficiaries by Diagnostic Category	Antidepres- sants	Antipsycho- tics	Anti-Anxiety Agents	Mood Stabilizing Agents	Stimulants	More than One Psychotro- pic Drug Type	No Psychotro- pic Drug Use
Schizophrenia	1,052	33%	79%	32%	5%	0%	49%	6%
Major depression and affective psychoses	1,298	72%	40%	49%	4%	1%	58%	6%
Other psychoses	931	41%	44%	38%	1%	1%	39%	21%
Childhood psychoses	4	25%	25%	25%	0%	0%	25%	25%
Neurotic & other depressive disorders	1,404	62%	25%	50%	0%	1%	48%	11%
Personality disorders	38	47%	42%	39%	3%	0%	37%	24%
Other mental disorders	830	33%	24%	31%	0%	0%	26%	39%
Special symptoms or syndromes	134	42%	22%	34%	0%	1%	34%	23%
Stress & adjustment reactions	314	65%	25%	45%	0%	1%	45%	15%
Conduct disorders	26	50%	65%	31%	0%	0%	38%	12%
Emotional disturbances	14	57%	36%	43%	0%	7%	43%	14%
Hyperkinetic syndrome	3	0%	0%	0%	0%	0%	0%	100%
No Diagnosis	133	36%	58%	38%	0%	0%	46%	11%
Total	6,181	51%	41%	41%	2%	1%	45%	24%

Notes: The percentages shown do not add to 100 percent because service users with a specific diagnosis may use more than one type of drug. Psychotropic drugs are defined and grouped according to Multum prescription drug grouping software.

The diagnostic category for each user was the beneficiary's most frequent diagnosis category in the year.

FFS mental health beneficiaries include all FFS beneficiaries who had one or more of the mental health diagnoses shown in this table as a primary diagnosis on at least one Medicaid claim during 1999, or who received a clearly identifiable mental health service during the year (inpatient psychiatric service for age 65+ or under age 22, or nursing facility mental health service for age 65+).